

Chapter 20 EXCESS

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20.1. General.

20.1.1. This section provides policy and criteria for the Medical Logistics Flight Commander to determine and dispose of local excess materiel.

20.1.2. This section applies to the following categories of materiel:

★20.1.2.1. Defense Supply Center Philadelphia (DSCP) managed medical materiel and similar nonstock listed medical items.

20.1.2.2. Professional medical books and periodicals.

20.1.2.3. Nonmedical materiel.

★20.1.3. Report and process local excess materiel according to AFCSM 41-230, Volume 2, *Medical Logistics System (MEDLOG): 1008/AJ Users Manual*.

20.1.4. At least monthly, review all excess on hand but not reported.

20.1.5. Returns and requested excess materiel must be shipped promptly as instructed.

20.1.6. Special reporting procedures are in paragraph 20.3.

20.2. Determination of Local Medical Excess.

20.2.1. Medical materiel is excess when it meets all of the following conditions:

20.2.1.1. Is not required to meet stock control level.

20.2.1.2. Does not meet the criteria for economic retention.

20.2.1.3. Is not required for war reserve materiel (WRM).

20.2.1.4. Is not required for special projects.

20.2.1.5. Cannot substitute for a requirement in any of the preceding categories.

20.2.1.6. Is not required as a component of a medical kit or assembly.

20.3. Special Reporting Procedures.

20.3.1. The Defense Program for Redistribution of Assets (DEPRA) has overall responsibility for overseas redistribution. European and Pacific supply activities will submit reports of excess (document identifier code FTE) that meet requirements to DSCP through the Defense Automatic Addressing System for DEPRA screening. DEPRA will record the report and forward the FTE to the appropriate item manager (IM) for disposition. The IM will provide disposition instructions to DEPRA for all submissions. For further guidance, refer to DoD Manual 4000.25-1-S2, *Defense Program for Redistribution of Assets (DEPRA) Procedures*.

20.3.2. Upon announcement or receipt of instruction to deactivate a medical unit, follow the methods and procedures in this chapter for reporting and transferring excess materiel. For WRM excess resulting from a medical unit deactivation or a base closure, MAJCOMs will request additional guidance from HQ USAF/SGX with an information copy to AFMSA/SGML and AFMLO/FOC.

20.3.3. Turn in excess medical equipment spare parts (management code A) to the medical stock record account. Medical logistics will report the materiel.

★20.3.4. Turn in all excess nonmedical materiel, serviceable or unserviceable, except centrally managed WRM equipment, to base supply.

20.3.5. Report excess current and serviceable professional medical books, including bound volumes of periodicals, through AFMEDS. Include the edition number and publication date. The Medical Activity Library Board will advise on the obsolescence of medical books and periodicals.

20.3.5.1. When unbound issues of professional medical periodicals become excess, prepare a list giving the names of the periodicals and the dates of publication. Send the list to the Strughold Aeromedical Library, AL/DOKLT, Technical Processing Section, Brooks AFB TX. The librarian will furnish shipping instructions for the periodicals required.

20.3.5.2. Excess medical books that are not redistributed through excess channels and excess unbound periodicals not desired by the Aeromedical Library will be considered obsolete and turned in to Defense Reutilization and Marketing Office (DRMO). Determine if there is a base waste paper recycling program or dispose of as municipal trash if the DRMO will not accept them.

20.3.6. Report medical materiel that is not required by Air National Guard (ANG) units as follows:

20.3.6.1. Report medical equipment items by letter or message to ANGRC/SGML, 3500 Fetchet Ave, Andrews AFB, MD 20331-5157, for redistribution among ANG units.

20.3.6.2. Turn in medical materiel, other than equipment, and equipment determined by NGB/ SGML to be excess, to the host medical stock record account.

20.3.6.3. The receiving medical logistics activity will perform turn-in transactions. If there are no local requirements for the materiel, process the materiel as prescribed in this chapter.

20.3.7. Air Force Reserve (AFRES) medical units will turn in excess materiel to the medical logistics activity of the base providing logistics support to the unit. AFRES medical units that are not satellited on an AF base will turn in excess materiel to the nearest medical logistics activity. The receiving medical logistics activity will process the materiel as described in paragraph 20.3.6.

20.4. Requesting Materiel through the Air Force Medical Excess Distribution System (AFMEDS).

20.4.1. AFMLO will offer all reported excess to other USAF medical facilities. All reported excess is available for viewing and requesting on the AFMLO Bulletin Board Information Exchange (ABBIE) and is also advertised once in the AFMLL. National stock numbers (NSN) that are components of one or more ASs will be shown in the "Excess Available" AFMLL attachment with the first two AS numbers. Medical logistics should screen the excess list to fill WRM shortages. An asterisk (*) in the AS column means the item is a component of three or more ASs.

20.4.2. Medical logistics and using activities should screen the AFMLL excess lists closely for items that can be used in their activities. Pay particular attention to condition codes and dates. When requesting equipment items, the Biomedical Equipment Technician (BMET) at the requesting activity should contact the BMET at the reporting facility to determine if the equipment can meet the requesting activity's needs.

20.4.3. Medical logistics may consider usable excess to fill operating stock levels. All issues of stock with established stock control levels are reimbursable.

20.4.4. Do not request excess for using activities or stock control levels that will risk the issue and rotation of on-hand assets.

20.4.5. Requesting activities that receive discrepant shipments or do not receive a shipment within normal pipeline time for the mode of transportation used, will:

20.4.5.1. Provide written notice to the shipping organization explaining the discrepancy and if applicable, will include instructions on what quantity is to be used for SFL reversal and inventory loss transactions.

20.4.5.2. File a copy of the written notice with the receipt document.

20.5. Base Realignment and Closure (BRAC) Excess.

20.5.1. MDD assets at bases closing as a result of BRAC actions are not subject to BRAC actions. MDD assets should be attrited. MAJCOMs will direct relocation shipments of WRM assets and taskings.

20.5.2. Non-MDD assets at bases closing as a result of BRAC actions must be distributed properly. Included is MEMO assets and all other durable assets in the MTF, i.e., desks, chairs, pictures, etc.

20.5.3. All Operations and Maintenance personal property assets must be "frozen" as of a specified date and tracked through final disposition. Frozen assets are normally documented during the personal property inventory outlined in paragraph 1.6.4.

20.5.4. For the redistribution of assets, an asset listing will be provided to:

- The local community through the Base Closure and Realignment (CARE) office.
- The MAJCOM of the host base.
- The Lead Agent serving the region.

20.5.4.1. The local community will have the opportunity to request items based on their potential reuse plan for the base and facilities.

20.5.4.2. MAJCOMs will perform a review of existing and forecasted requirements at other bases within the MAJCOM and offer the assets MAJCOM wide.

20.5.4.3. The Lead Agent will review requirements at other service MTFs within their region and request redistribution of unclaimed assets. This will be accomplished after the local community and MAJCOMs have completed their redistribution efforts.

20.5.5. Unrequested medical assets will then be reported to AFMLO who will advertise the assets Air Force wide.

20.5.6. Remaining assets will be offered to other military services and other federal government agencies.

20.5.7. Unclaimed assets will then be sent to the DRMO.